PTO/SB/06 (08-00)

Approved for use through 10/31/2002, OMB 0651-0032

U. S. Parent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD											0089.404C2	ACKET	0/6	1382
			CLAIMS AS FILED - PART I (Column 1)			(Column 2)				SMALL ENTITY		OR	OTHER TO	
FOR			NUMBER FILED			NUMBER EXTRA				RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))										§	OR	建筑	s
TOTAL CLAIMS (37 CFR 1.16(c))			8	, minus		•	0		×	s <u>9</u> =	0	OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			3	3 minus 3 =		•	0	0 .		42 =	0	OR	x =	
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.16(d))											0	OR	+=	
If the difference in column 1 is less then zero, enter "0" in column 2										TOTAL	\$375	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL E	NTITY	OR	OTHER TH		
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		NI PRE	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	. 6		Minus	"20		-	- T		s <u> </u>	0	OR	x \$=	
	Independent (37 CFR 1.16(b))	0	<u>ی</u>	Minus	**	3_	-		x	=	0	OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))))		J ÷		0	OR	+=	
(Column 1) (Column 2) (Column 3)									ADD	TOTAL IT. FEE		OR	TOTAL DDIT. FEE	
AMENDMENT B.		REMA	AIMS AINING TER DMENT	NU PREV		CHEST MBER VIOUSLY ID FOR	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE -
	Total (37 CFR 1.16(c))	•		Minus	**		<u> </u>	0	×	<u> 9</u> =	0	OR	×\$=	
	Independent (37 CFR 1.16(b))	, •		Minus	***		-	0	×		. 0	OR	x=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 16(d))									=	0	OR	+=	
	(Column 1) (Column 2) (Column 3)								ADD	TOTAL IT. FEE	\$0	OR A	TOTAL DDIT. FEE	
AMENDMENT C	edolocopicalista defizionella defizionella defizionella entrepresenta	REM/	AIMS AINING TER DMENT		NU PREV	GHEST IMBER VIOUSLY ID FOR		ESENT XTRA	,	RATE '	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	**		-	. 0	x	s9_	0	OR	x\$=	
	Independent (37 CFR 1.16(b))	•		Minus	***		=	0	x		0	OR	x=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [-	<u> </u>	0	OR	"	
IL	the entry in column the "Highest Numb the "Highest Numb	er Previou	sly Paid For	" IN THIS SPA	CE is less	than 20, enter				TOTAL IT. FEE	\$0	OR A	TOTAL DDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden How Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.